

# TRIPURA GAZETTE



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**EXTRAORDINARY ISSUE**

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Agartala, Friday, May 19, 2023 A. D. Vaisakha 29, 1945 S. E.

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PART -- II Advertisements and Notices

**AFFIDAVIT FOR TRIPURA STATE GOVERNMENT EMPLOYEE  
FOR CHANGE OF NAME/SURNAME**

BY THIS AFFIDAVIT I, the undersigned **BIDHAN GOSWAMI** lately called **SRI BIDHAN CHANDRA GOSWAMI** (former name) employee as Assistant Professor (Designation of the post held at the time by the Govt. Servant) under Microbiology Department of Agartala Government Medical College & GBPH, Agartala, Tripura(West) (place where employed in the Department/ Office of the State Government) do hereby

1. Wholly renounce, relinquish and abandon on the use of my former name of **SRI BIDHAN CHANDRA GOSWAMI** and I place thereof do assume from the date thereof the name of **SRI BIDHAN GOSWAMI** and so that I may hereafter be called, known and distinguished not by my former name of **SRI BIDHAN CHANDRA GOSWAMI** but by my assumed name of **SRI BIDHAN GOSWAMI**.

2. For the purpose of evidence such my determination, declare that I shall at all times hereafter in all records, deeds and writings and in all proceedings, dealings and transactions private as well as public and upon all occasions whatsoever use and sign the name of **SRI BIDHAN GOSWAMI**, as my name in place of and in substitution for my former name of **SRI BIDHAN CHANDRA GOSWAMI**.

3. Expressly authorities and request all persons at all times hereafter to designate and address me by such assumed name of **SRI BIDHAN GOSWAMI**.

4. In witness whereof I have here unto subscribed my former and adopted name of **SRI BIDHAN GOSWAMI** and affixed my seal this 16th Day of May, 2023 before the Notary Public at Agartala Court Complex, West Tripura.

Bidhan Goswami

Old Signature Bidhan ch. Goswami  
New Signature Bidhan Goswami

Signed and delivered by the above

Named.....

Formerly..... in the presence of

Witness No.1

Signature..... *[Signature]*

Name..... *Dr. M. S. Ghosh, M.D.*

Designation..... Associate Professor (Anatomy)

Official Address..... AGMC & GBP Hospital, Agartala.

(with Rubber stamp)

Witness No.2

Signature..... *[Signature]*

Name..... *Dr. Subrata Baidya*

Designation..... *Prof. & HOD Community Medicine*

Official Address..... *DR. SUBRATA BAIDYA*

(with Rubber stamp) Professor & HOD  
Department of Community Medicine  
AGMC & GBP Hospital  
Agartala, Tripura.

*Testified by me*

*Sandip Achary*  
*16/5/23*

*16/5/23*  
(RAJIB GOSWAMI)  
NOTARY Govt. of Tripura,  
Agartala, West Tripura,  
Regd. No.- 41/2021